



# HEART HEALTHCARE & EMERGENCY ANIMAL RESCUE TEAM

## SAFE HAVEN for PETS & PACKS

### Program Application

(Please provide a separate Application for each pet needing boarding).

Name of agency & representative contacting HEART on behalf of pet owner (if applicable):

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Veteran? Yes  No

Pet's Name: \_\_\_\_\_ Dog  Cat  Other (describe) \_\_\_\_\_

Age: \_\_\_\_\_ yrs \_\_\_\_\_ mos Approx Weight: \_\_\_\_\_ Breed \_\_\_\_\_

Female  Spayed? Yes  No  Male  Neutered? Yes  No

Date(s) of last vaccinations: [Dogs]: RABIES \_\_\_\_\_ DHPP \_\_\_\_\_ BORDETELLA \_\_\_\_\_ LYME \_\_\_\_\_

[Cats]: RABIES \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_ PNEUMONITIS \_\_\_\_\_

If your pet has had vaccines in the past, you must provide a copy of its vaccination certificate with this Application or provide the name and address (or city) of the pet hospital or veterinarian who administered vaccines below:

Name: \_\_\_\_\_ Address / City: \_\_\_\_\_

Does pet have any health issues? Yes  No  Is your pet currently on any medication? Yes  No

(If yes, explain): \_\_\_\_\_

Has pet ever had any reaction to vaccines, food, or other allergic reaction? Yes  No

(If yes, explain): \_\_\_\_\_

Special diet, medication, or special care needed? Yes  No  (If yes, explain): \_\_\_\_\_

Has your pet ever bitten a person or other pet? Yes  No  (If yes, explain): \_\_\_\_\_

Is your pet fearful or aggressive in any way towards other pets or people? Yes  No

(If yes, explain): \_\_\_\_\_

Name of Facility or address or location where you are presently staying: \_\_\_\_\_

How did you hear about our Program? \_\_\_\_\_

Reason for requesting help: \_\_\_\_\_

Dates needed for pet boarding: \_\_\_\_\_

Will you need storage for your personal belongings during the time of your pet's boarding? Yes  No

Will you be visiting your pets while they are boarded? Yes  No

Please return this Application and your pet's certificate of vaccinations (if any) to HEART via fax: **(657) 444-2210** or email: **heart4pets.info@gmail.com**.

Application must be complete. Your Application will not be considered if incomplete or if any false information is provided. If we allow your pet to enter the Safe Haven for Pets & Packs program and later learn that any false information was provided on the Application or provided during any verbal communication between you and HEART, the Agreement for your pet to participate in the program will immediately become null and void and shall immediately be terminated.

Submission of this Application does not guarantee acceptance into the Safe Haven Pets & Packs program. HEART will contact you as soon as possible after receiving the Application. If HEART's attempt to contact you fails, it is your responsibility to contact HEART within three (3) days after submitting your Application.

I, the undersigned, hereby declare that the information I have provided on this Application is true and correct and that I fully understand and agree to the contents, meaning, and terms contained in this Application.

Date \_\_\_\_\_

Signature of Pet Owner \_\_\_\_\_